

**Children's Bureau  
Child and Family Services Reviews  
State Policy Submission Form**

**July 2003**

**State Agency Name:**

**WI Department of Health and Family Services- Division of Children and Family Services**

**Date of Review:**

**August 17 through August 22, 2003**

**Name of Person Completing this Form:**

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The following table provides a summary of Wisconsin's state policies and applicable local policies where noted, related to the Children's Bureau Child and Family Services Review

Outcome/Item	Summary of State Policy Requirements	Location of Related Information in Case File
<p><b>Safety Outcome 1:</b> Children are, first and foremost protected from abuse and neglect</p> <p><b>Item 1:</b> Timeliness of initiating investigations of reports of child maltreatment</p>		
<p><b>#1. Explanation of the terminology used</b></p>	<p><b>“Intake”</b>- process whereby information is gathered from report and collateral sources, as necessary, to make a screening decision on the report and, if screened in, establish a response time for establishing face-to-face contact with the family</p> <p><b>“Screen in”</b> – a decision is made that a report alleges abuse or neglect or threatened abuse or neglect and requires a CPS investigation/initial assessment</p> <p><b>“Screen out”</b> – a report does not allege abuse/neglect/threatened abuse or neglect and no contact by the county agency is required</p> <p><b>“Present danger”</b> – the child is in danger now or will be in danger within the next few days</p> <p><b>“Initial Assessment”</b>- (also known as “CPS investigation”) process whereby contacts are made with family member and collateral contacts to assess child risk and safety concerns, to develop and implement a child safety plan addressing identified safety concerns and to establish a case finding as to whether or not maltreatment occurred or is likely to occur</p> <p><b>“Risk”</b> – likelihood of future maltreatment</p> <p><b>“Safety”</b> – the absence of conditions that are likely to result in severe harm to the child in the immediate future and the presence of one or more adults who routinely demonstrate protective capacities</p> <p><b>“Safety plan”</b> – plan put in place to immediately control known threats to child safety; a safety plan may include the use of in-home services or, if necessary, child placement to control for child safety</p> <p><b>“Substantiated”</b> – a case finding indicating a preponderance of the evidence that abuse or neglect occurred</p> <p><b>“Unsubstantiated”</b> – a case finding indicating there is not a preponderance of the evidence that abuse or neglect has occurred</p> <p><b>“Critical sources of information not accessible/unsubstantiated”</b> – a case finding indicating critical sources of information necessary for establishing a preponderance of evidence cannot be found or accessed</p>	<p>Documentation of the screening decision is on the intake “form”, at or near the end of the form.</p> <p>Documentation of the results of child risk and safety assessments is located at the conclusion of the initial (investigation) assessment.</p> <p>Documentation of a safety plan is done and documented at the conclusion of the initial assessment, if a child is determined to be unsafe, and at subsequent points throughout the case process.</p> <p>Documentation of case findings is to be found at the conclusion of the initial assessment/investigation.</p>

	<p><b>“Abuse or neglect is likely to occur”</b> – a case indicating there is a preponderance of the evidence that justifies a belief that abuse or neglect is likely to occur.</p> <p><b>“Abuse or neglect not found likely to occur”</b> – a case finding indicating there is not a preponderance of the evidence that justifies a belief that abuse or neglect is likely to occur</p>	
<p><b>#2: The State's requirements and timeframes for initiating investigations of abuse or neglect.</b></p>	<p>Per state statutes, agencies are required to initiate a diligent investigation within 24 hours of receipt of the report starting with the CPS intake process. The state’s <u>CPS Investigation Standards</u> establish practice expectations consistent with state statutes and require the following actions to be carried out at CPS intake to advance the investigation process within this 24-hour period:</p> <ul style="list-style-type: none"> <li>➤ Gather required information from the reporter and collateral sources as necessary, to understand present danger threats (described below);</li> <li>➤ Determine whether or not the information report indicates the need to conduct a CPS investigation, i.e. screen-in or screen out the report, and;</li> <li>➤ For screened-in reports, determine the urgency or response time with which face-to-face contact with the child and his/her family must be made to begin the investigation and to assess and respond to child safety needs for screened-in CPS reports.</li> </ul> <p>Based on the information gathered above, a response time is assigned which sets the amount of time the agency assigned staff has to establish face-to-face contact with the child and his/her family members and continue the investigation process.</p>	<p>Documentation of the decision related to and rationale for screening the CPS report and determining the response time is found at the end of the report /intake format.</p>
<p><b>#3: A statement about the priorities given to initiating investigations of abuse or neglect based on the assessed level of risk.</b></p>	<p>The <u>CPS Investigation Standards</u> require the agency to make a decision about how quickly to respond, i.e. establish face-to-face contact with child and his/her family, to a report based on <b>present danger threats</b> identified at CPS intake. The present danger threats, listed in the <u>CPS Investigation Standards</u>, are specific conditions and behaviors that, alone or in combination, are known to create immediate or imminent serious danger for a child. The response time must be based on the identification and analysis of the present danger threats for the individual child and his/her family.</p> <p>Agencies are required to identify a response time that is specific to the family conditions identified at CPS intake, but the outside limit to establishing face-to-face contact is 5 working days or 3 working days if maltreatment in a foster home is alleged. There is no state policy requiring a specific response time based on a specific subset or combination of present danger threats. However, the <u>CPS Investigation Standards</u> states “Urgent cases, those suggesting a child needs protection or medical attention now, require an immediate response.”</p>	<p>Documentation of the decision related to screening and urgency (timeframe for response) and rational for the decision is found at the end of the report /intake format.</p>

<p><b>#4: A statement about the State's requirement to have face-to-face contact with the child alleged to have been abused/neglected.</b></p>	<p>Contact with a child alleged to have been abused/neglected is required per the <u>CPS Investigation Standards</u>.</p> <p>The recommended protocol for the order in which to interview varies depending upon the relationship of the alleged maltreater to the child. Interview protocol recommends that in case where the alleged maltreater is functioning in a parent role (or that the parent has contributed in any way to the alleged maltreatment), the child is contacted first and contact is consistent with the response time established at CPS intake.</p> <p>If the alleged maltreater is a parent, family member or is a secondary caregiver who has continued access to the child, an observation or interview with the child is required by law. In some instances where the maltreater is a non-caregiver and actions have been taken by the parents or other responsible adults (e.g., school staff) to eliminate contact between child and maltreater, the interview with the child is not required by statute. In a limited number of cases of maltreatment by non-family members, the interview with the parents may offer sufficient information for CPS decision making and an interview with the child may be contraindicated</p>	<p>Documentation of face to face contact with the child alleged to have been abused/neglected may be found in case notes, listed on the front of the Initial Assessment documentation form or included as narrative in the report.</p>
<p><b>#5: A description of how the State handles reports of new incidences of abuse/neglect received on cases currently open for services.</b></p>	<p>Regarding new reports of maltreatment that occur while the family is receiving ongoing service, the <u>Ongoing Services Standards and Practice Guidelines</u> requires “In all instances, the initial assessment/investigation shall be conducted in keeping with the <u>CPS Investigation Standards</u>.”</p> <p>Each county agency may make its own decision as to whether the investigation assessment should be conducted by an initial assessment worker, the ongoing services worker or the two workers teamed. The <u>Ongoing Services Standards and Practice Guidelines</u> states “Regardless of who is assigned responsibility for investigating the new report, the ongoing service worker should receive the information contained in the report. In all instances, the ongoing service worker and current case record will be significant sources of information.”</p>	<p>If the new report indicates that the current assessment of child safety is inaccurate, all of the forms of documentation for an initial assessment required by the <u>CPS Investigation Standards</u> must be used, including the risk assessment and safety assessments.</p> <p>If the new report reflects current concerns, the ongoing assessment of risk is found in the family assessment and case progress evaluation.</p> <p>Documentation of the case findings should be in the initial assessment format and a new safety assessment is required.</p>

<p><b>Permanency Outcome 2:</b> The continuity of family relationships and connections is preserved for children.</p> <p><b>Item 13:</b> Visiting with parents and siblings in foster care</p>		
<p><b>#1. The State's timeframes for frequency of visitation between parents and their children</b></p>	<p>The state does not have formal policy or practice standards that prescribe frequency of contact between parents and children.</p> <p>State statutes do require that a visitation plan be established in each case, however. Therefore, while there is no state standard, there is a state statutes require that visitation be addressed in the child's permanency plan.</p>	<p>Documentation of the visitation plan should be included in the court order or permanency plan.</p>
<p><b>#2. The State's timeframes for frequency of visitation between children in foster care and their siblings who are also in foster care</b></p>	<p>The state does not have formal policy or practice standards that prescribe frequency of contact between siblings. However, it is the state's policy that siblings should be placed together unless there is a valid reason for not placing siblings together. State statute was recently revised to allow foster homes to accept up to six to enable a sibling group to remain intact.</p>	<p>There may be discussion in the case plan, permanency plan or court order relative to a visitation plan and sibling placement decisions.</p>
<p><b>Item 15:</b> Relative Placement</p>		
<p><b>#1. A description of the State's policy regarding placing children with their relatives</b></p>	<p>State statutes require that relatives be considered whenever legal custody of a child is to be transferred, when a child is placed in out-of-home care, and when a child is placed for adoption. Wisconsin has also instituted the Kinship Care Program, as a partial replacement for the AFCD Non-Legally Responsible Relative Program, which provides financial assistance for relatives to care for children, either on a voluntary basis or via court order.</p>	<p>The permanency plan and the permanency plan review report must include information regarding why a child is not placed with a relative.</p>
<p><b>Well being outcome 1:</b> Families have enhanced capacity to provide for their children's needs</p> <p><b>Item 18:</b> Child and family involvement in case planning</p>	<p>State statutes require that children, if over age 12, and parents be given the right to be involved in developing case plans. Our <i>Ongoing Child Protective Services Standards and Practice Guidelines</i> also require that parents be given the right to be involved in case planning and all case decisions.</p> <p>Under Wisconsin law, the legal custody of a child, even when the child is placed in out-of-home care, cannot be transferred from the parent unless there is no less drastic alternative. As such, parents retain the authority of a legal custodian, including educational and medical decision-making, while the child and family are receiving services.</p>	<p>The child's case plan and permanency plan should include information regarding the level of participation of the child and the family in the development of the case plan and in other case decision-making.</p>
<p><b>#1. A description of the State's policy for notifying biological parents of the removal of a child and</b></p>	<p>Wisconsin statutes require full notification of parents when there is a recommendation that a child be placed in out-of-home care or when that placement will be changed. Parents must receive notification of any hearings and their right to participate in those hearings.</p>	<p>Court reports, permanency plans, and court orders are to include information on the involvement of parents in the various decision-</p>

<b>changes in a child's placement</b>		making processes regarding their children.
<b>Item 19:</b> Worker visits with child	As indicated above relative to parent contacts, Wisconsin does not have a specific requirement regarding caseworker contacts with children. Frequency of contact is determined on a case-by-case basis either by the court or by the caseworker and his or her supervisor. The only exception to this is in cases where the child is placed in a treatment foster home (described below).	Frequency of contact between the caseworker and the child should be discussed in either the court order, the case plan or the permanency plan, or documented in case notes.
<b>#1. The State's requirements and timeframes for frequency of visitation between the case worker and children in in-home and out of home placements</b>	Adm. Code, Ch. HFS 38 "Treatment Foster Care for Children" establishes the requirement of personal contact between the worker and child no less frequently than every other week. Adm. Code, Ch. HFS 56 "Foster Home Care for Children" does not establish any minimum visitation requirements; however, counties may have individual policies regarding worker-child visits.  The BMCW requires caseworkers to maintain at least monthly with their assigned families.	See above.
<b>#2. The State's policy regarding contacts between other service providers and children</b>	Similar to contact issues described above, contacts between service providers and children and developed on a case-by-case basis, either by the court or by the caseworker and his or her supervisor in consultation with the service provider.	See above
<b>Item 20:</b> Worker visits with parents		
<b>#1 The State's policy regarding contacts made between other service providers and the parents</b>	Wisconsin does not have any requirements or standards governing worker, or other service provider, visits with biological parents. This, as stated above, is determined on a case-by-case basis by the court or the caseworker and his or her supervisor and the service provider.  The BMCW requires caseworkers to maintain at least monthly with their assigned families.	See above.
<b>Well being outcome 2:</b> Children receive appropriate services to meet their educational needs <b>Item 21:</b> Educational needs of the child	See below.	
<b>#1. The State's policy on assessing and addressing the educational needs of children in in-home and out of home</b>	Wisconsin law requires that, when there are educational issues involving the child, the caseworker must consult with the child's school in preparing the court report. In such cases, these educational goals will be discussed with the child and the parent and any other caregiver. In addition, justification must be provided by	Documentation of educational needs and services is to be found in the court report and permanency plan. Additional references to educational

<b>placements</b>	the court or caseworker if the child is to be placed in out-of-home care in a place that would result in the child being removed from his or her school.	information may be found in the case plan and/or case notes.
<b>Well Being outcome 3:</b> Children receive adequate services to meet their physical and mental health needs <b>Item 22:</b> Physical health of the child	See below.	
<b>#1. The State's requirements and timeframes that ensure that children in out of home placements receive an initial physical health screening</b>	Adm. Code Ch. HFS 56 "Foster Home Care For Children" requires that "within 30 days after the date that the child is placed in foster care, the foster parent shall arrange for medical and dental examinations of the child in accordance with the schedule of the HealthCheck program." The HealthCheck program is Wisconsin's Early Periodic Screening, and Diagnosis and Treatment Program (EPSDT).  As of February 2003, the BMCW requires caseworkers to schedule a health screen within 5 business days of a child's placement. The foster parent is required to take the child for a health examination within 30 days, as well.	Documentation of health concerns and services is to be found in the court report and permanency plan.  Additional references to health concerns and services may be found in the case plan and/or case notes.
<b>#2. The State's requirements and timeframes that ensure that children in out of home placements receive on going physical health screenings</b>	Adm. Code Ch. HFS 56 "Foster Home Care For Children" requires that "within 30 days after the date that the child is placed in foster care, the foster parent shall arrange for medical and dental examinations of the child in accordance with the schedule of the HealthCheck program."  The HealthCheck program is Wisconsin's Early Periodic Screening, and Diagnosis and Treatment Program (EPSDT). As stated above, Ch. HFS 56 requires that foster parents schedule physical or dental exams in accordance with HealthCheck standards. Those standards include the number of physical exams a child should receive each year. In addition, Ch. HFS 56 states that foster parents shall schedule 2 dental cleanings per year for children 13 years of age or younger and one cleaning per year for children 13 years of age or older. Chapter HFS 56 requires foster parents to ensure that foster children receive prompt medical attention in case of an emergency.	See above.
<b>#3: The State's policy on assessing and addressing the physical health needs of children receiving in-home services</b>	The <i>Ongoing Child Protective Services Standards and Practice Guidelines</i> require assessing service needs for all children determined to be unsafe, regardless whether the child remains in the family home or requires out-of home placement to ensure safety. Practice guidelines that are part of these standards identify particular areas of study during family assessment.  The family assessment portion of the Wisconsin Model assesses the physical	See above.

	health needs of all members of the family. If a family member is assessed to have moderate or significant needs in this area, outcomes, goals and activities are developed with the family to address these needs.	
<b>Item 23: Mental health of the child</b>		
<b>#1. The State's requirements and timeframes that ensure that children in out of home placements receive an initial mental health screenings</b>	Wisconsin does not have requirements for children to receive mental health or substance abuse services. However, the permanency plan reviewed by an administrative review panel or judge contains questions about any mental health concerns, medication, and mental health providers.	Documentation of mental health and substance abuse concerns and services is to be found in the court report and permanency plan.  Additional references to health concerns and services may be found in the case plan and/or case notes.
<b>#2. The State's requirements and timeframes that ensure that children in out of home placements receive ongoing mental health screenings</b>	As mentioned above, Wisconsin does not have requirements for initial or ongoing mental health screenings, but the case plan and a child's permanency plan address emotional issues, medications, and mental health providers.	See above.
<b>#3: The State's policy on assessing and addressing the mental health needs of children receiving in-home services</b>	<p>The <i>Ongoing Child Protective Services Standards and Practice Guidelines</i> require assessing service needs for all children determined to be unsafe, regardless whether the child remains in the family home or requires out-of home placement to ensure safety. Practice guidelines that are part of these standards identify particular areas of study during family assessment.</p> <p>The family assessment portion of the Wisconsin Model includes information regarding mental health needs of all family members. If a family member is assessed to have moderate or significant needs in this area, outcomes, goals and activities are developed with the family to address these needs.</p>	See above.